

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22926**  
Registrar's No. **61**

**FILED AUG 8 - 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Mississippi</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>	
c. LENGTH OF STAY (in this place) <b>32 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>302 Brooklyn St.</b>	
d. FULL-NAME OF HOSPITAL OR INSTITUTION <b>302 Brooklyn St.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>Lou</b>	c. (Last) <b>Clayton</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 12, 1955</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Col.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 6, 1897</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	<b>IF UNDER 1 YEAR</b> Months <b>0</b> Days <b>6</b>	<b>IF UNDER 1 HR.</b> Hours <b></b> Mins. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Sun Flower, Miss.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Tom Rogers</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Irene Jackson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Aaron Clayton</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) -----	<b>16. SOCIAL SECURITY NO.</b> -----	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Aaron Clayton, 302 Brooklyn, Charleston, Mo.</b>	<b>ADDRESS</b> <b>302 Brooklyn, Charleston, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 Min</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis</b> <b>DUE TO (c) 4201</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Ball Bladder Enlargement</b>		<b>?</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from April 5, 1950, to March 12, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 4:55 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title)	<b>23b. ADDRESS</b> <i>[Address]</i>	<b>23c. DATE SIGNED</b> <b>3/15/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>March 17, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Charleston, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-29-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>480-</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>Charleston, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

AUG 5 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed AUG 5

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cap. Boulevard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.